

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR  
**NAVY CONTRACT POSITIONS**  
**16 January 2003**

IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **12 February 2003**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: CODE 21L  
1681 NELSON STREET  
FORT DETRICK, MD 21702-9203

E-MAIL: [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil).  
IN SUBJECT LINE REFERENCE: "CODE 21L

TELEPHONE: 301-619-3023

A. NOTICE. This position is set aside for individual Speech Language Pathologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. SPEECH LANGUAGE PATHOLOGIST. The Government is seeking to place under contract an individual who possess unrestricted licensure as a Speech Language Pathologist and a certificate of clinical competence as determined by the American Speech Language Hearing Association (ASLHA). This individual shall perform services as part of the Educational and Developmental Intervention Services (EDIS). This individual must (1) meet all the requirements contained herein; and, (2) competitively win this contract award. (See Sections D. and E.)

You shall provide services in the Naval Hospital Camp Lejeune, the patient's home, or the patient's day care setting for 35 hours per week. The actual number of hours and location where services shall be provided shall vary based on the mutual agreement of you and the Head, EDIS, and the fluctuation in patient requirements. You shall normally provide services for a 4 to 8.5 hour period, (to include an uncompensated .5 hours for lunch), as scheduled, between the hours of 0730 and 1830 on Monday through Friday throughout the term of the contract. You shall arrive for each scheduled shift in a well rested condition.

You are required to possess a valid driver's license and shall provide your own transportation when a government vehicle is unavailable. When using a personal vehicle for work, you shall be compensated for mileage at the prevailing rate offered to civil service employees. You shall not transport the patient or patient's family in your personnel or government vehicle without prior approval from the Head, EDIS.

Travel: The Commanding Officer may request that you attend and participate in meetings/conferences incurring travel expenses. You shall be reimbursed for such travel at comparable rates as determined by the Federal Travel Regulations. You shall make all travel arrangements and incur related expenses. No payments will be made in advance of travel.

You shall submit an invoice (DD Form 250) itemizing expenses in amounts determined to be allowable by the Contracting Officer's Representative/Technical Liaison.

Costs for transportation, lodging, meals, and incidental expenses incurred by contractor personnel are allowable subject to Federal Acquisition Regulation Federal & 31-205-46 and Federal Travel Regulations prescribed by the General Services Administration or deemed reasonable by the Contracting Officer's Representative/Technical Liaison.

The Government will provide you with an identification letter for presentation to AMTRAK, hotel/motel, car rental firms and/or use of DoD facilities, when permitted. It should be noted that vendors are not obligated to extend the discounted Government rates to contractors working on behalf of the Federal Government.

**ABSENCES AND LEAVE.** You shall accrue 8 hours of personal leave, to be used for both planned (vacation) and unplanned (sickness), at the end of every 80 hour period worked. At the discretion of the Commanding Officer, 40 hours of personal leave accrued by the health care worker can be carried over through 31 December of the calendar year except during the last option year of the contract. Any personal leave not used by 31 December will be forfeited. Any personal leave not used by 30 September of the last option year will be forfeited. If the contract is terminated for default, there will be no reimbursement for any accrued leave balance. In the event that the health care worker gives notice of employment termination, all accrued leave must be used within that notice period, or forfeited. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence only if they fall on your normally scheduled work day. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

## II. Statement of Work

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital Camp Lejeune, NC, or designated representative, e.g. Technical Liaison, Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **Duties and Responsibilities.** You shall perform a full range of Speech and Language Pathology services, within the scope of this statement of work, using government furnished supplies, facilities and equipment, in coordination with the EDIS, and within the scope of clinical privileges granted by the Commanding Officer. Workload occurs as a result of demand for speech and language therapy services and is scheduled in coordination with Head, EDIS.

### 1. Administrative and Training Requirements

1.1. You shall provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, students, etc.) assigned to you during the performance of duties. You shall perform limited administrative duties which include maintaining statistical records of your workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.

1.2. You shall participate in monthly meetings to review and evaluate the care provided to patients, identify

opportunities to improve the care delivered, and recommend corrective action when problems exist.

1.3. You shall participate in the provision of inservice training members of the clinical and administrative staff and attend annual renewal of the following Annual Training Requirements provided by MTF: family advocacy, safety training, disaster training, infection control, Sexual Harassment and Bloodborne Pathogens.

1.4. Actively participate in Organizational Performance Improvement Plan.

1.5. Help maintain good interdepartmental relations through positive communication and work coordination.

1.6. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

1.7. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

1.8. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.

2. STANDARD DUTIES. Your actual clinical performance will be a function of the overall demand for Speech Language Pathology services. Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

2.1. Function: Evaluate patients, establish written treatment goals/plans, and apply treatment for the EDIS, targeting the patient population of infants and toddlers from birth to 36 months old inclusive who have developmental delays or disabilities or are at-risk for developmental delay. As an ancillary support service, all patient contact and care is expected to be safe and timely and result in achievement of realistic and documented treatment goals, and comply or satisfy the intent of the referring medical staff.

2.2. Legal Base and Philosophy: Services provided under the contract are required by the Individuals with Disabilities Education Act, as amended (20 U.S.C., Section 1400) and under section 2164 of 10 U.S.C. as added by Section 351(a) of Public Law 103-337. The EDIS involves the provision of services such as physical therapy, occupational therapy, speech therapy, education and counseling intervention to eligible infants and toddlers with disabilities, ages 0-36 months inclusive, and their families. The emphasis of EDIS is on family-centered care, i.e., emphasis on the patient (child) within the family unit, rather than on the patient alone. The parent(s)/guardian(s) is an integral part of the treatment team. Services are to be provided in patient's natural environments, i.e., patient's home or day care setting. You shall serve as a liaison between the patient/patient's family, caregivers, therapists, the Naval Hospital, and other early intervention service providers.

2.3. Team Membership: You shall serve as a member of the EDIS Team, which may consist of the Head, EDIS, pediatrician, occupational therapist, speech/language pathologist, special educator, physical therapist, social worker, nurse, psychologist, parents/caregivers, and referring providers. The EDIS is a transdisciplinary team approach to assessment and treatment. Each professional within the team may have direct involvement with the patient and family and will collaborate with family and team members in carrying out the child's program. Even when evaluations are performed independently, treatment planning will occur as a result of group consensus. Each member of the transdisciplinary team is accountable to the team as a whole. You will be an active member of the EDIS team and are required to be present at team meetings at the discretion of the Head, EDIS.

2.4. Patient Characteristics: You shall provide assessment and treatment to infants and toddlers from birth to 36 months who have developmental delays or disabilities or are at-risk for developmental delays and their families, and to other pediatric patients as workload allows. Typical diagnoses of patient population include, but are not limited to, the following:

- Prematurity
- Developmental Delay
- Cerebral Palsy
- Spina Bifida
- Prenatal Drug and Alcohol Exposure
- Chromosomal Abnormalities
- Other Chronic Illnesses that may affect development
- Failure to Thrive
- Neurological Dysfunction
- Sensory Deficits
- Autism
- Neuromotor Disorders
- Congenital Limb Deformities

2.4. SCREENING/EVALUATION/ASSESSMENT -You shall provide screening services for the purpose of identifying children who are not functioning within typical developmental parameters and who may require further evaluation or services.

2.4.1. You shall provide evaluation and assessment of infants and toddlers with disabilities, ages 0-36 months, and for other pediatric patients, as workload allows. All patients shall be referred for initial evaluation to the health care worker through the EDIS. Evaluations will primarily be conducted in collaboration with other EDIS team members.

Re-evaluations will be conducted at six-month intervals in conjunction with establishment or review of each Patient's Individualized Family Service Plan (IFSP), or as indicated by treatment planning needs. The written findings of the initial evaluation and/or re-evaluation and recommended treatment plan shall be provided to the Head, EDIS, within 10 business days following the evaluation.

## 2.5. TREATMENT PLANNING/SCHEDULING

2.5.1. You shall collaborate with other EDIS team members, parents, and community service providers in developing a transdisciplinary Individualized Family Service Plan (IFSP) for each EDIS-eligible patient and family. Discipline-specific treatment goals, both long and short term, shall be incorporated into the patient's IFSP, as appropriate. IFSPs and treatment goals shall be reviewed and updated at least every six months.

2.5.2. Routine workload shall be scheduled by you or support staff with the mutual agreement of the patient's family. Services shall be provided in accordance with the Individualized Family Service Plan or the patient's treatment plan.

2.6. INTERVENTION - Provide comprehensive speech and language treatment services to pediatric patients to include, but not limited to, the following:

- Development and implementation of interventions to enhance the patient's development and performance in:
  - Communication Skills
  - Oral Motor and Feeding Skills
  - Play Skills
  - Social Skills
  - Perceptual Skills
  - Cognitive Skills
  - Adaptive Skills

Such interventions may include:

- Individual and group therapy Evaluation, fitting, procurement, and instruction in use of augmentative communication and other assistive technology devices
- Teaching of alternative communication skills to patient and family
- Consultation with parents or caregivers regarding recommended adaptation of the patient's environment
- Modify intervention and treatment plan in accordance with patient's and family's changing needs

2.6.1. Participate in treatment planning, family conference, and discharge planning sessions as required.

2.6.2. Provide service coordination/case management services to patient and family.

## 2.7. PATIENT/FAMILY/CAREGIVER

2.7.1. Provide instruction, guidance, and support to the patient's family or other caregivers as required to assist them in understanding the patient's abilities and needs, to enhance the patient's environment, to optimize the patient's functional abilities, and to provide emotional support. Such education may be provided individually or in a group setting.

## 2.8. PROGRAM EVALUATION

2.8.1. Coordinate with the Head, EDIS, other therapists within the EDIS team, and other providers as necessary to evaluate the EDIS and to assure complete and appropriate care. Participate in performance improvement and other program evaluation activities as assigned by Head, EDIS.

## 2.9. DOCUMENTATION

2.9.1. Maintain documentation, on appropriate Government-furnished forms of all services provided, in accordance with the Bureau of Medicine and Surgery and Naval Hospital directives. Government computers may be used, if available. Complete the Bureau of Medicine and Surgery (BUMED) Medical Expense and Performance Reporting System and Naval Hospital reports as required.

2.9.2. Ensure that all evaluation and treatment reports are legible and signed, and in format required by Naval Hospital. Provide progress reports as required.

## 2.10. OTHER REQUIREMENT

2.10.1. Attend meetings and provide administrative services within the Naval Hospital and at other locations within Onslow County. These meetings shall consist of coordination of services with other EDIS therapists and community service providers, one-on-one interaction with the Head, EDIS for evaluation of services, and other functions to include charting, consulting, etc.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess an MS or MA Degree in Speech Pathology with the completion of a clinical fellowship year (CFY).
2. Possess a current, unrestricted license to practice Speech Pathology in any one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. If state does not issue licensure, twenty-five (25) hours per year of continuing education are required in lieu of a license.
3. Have a minimum of 12 months post graduate speech pathology experience within the preceding 36 months providing speech and language therapy for developmentally delayed pediatric patients. This may include CFY.
4. Possess a Certificate of Clinical Competence from the ASLHA.
5. Provide three letters of recommendation. Two letters must be from practicing speech pathologists or pediatricians attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference and must be written within the preceding five (5) years. The third letter must be from the parent(s) of a former pediatric patient attesting to their satisfaction with the treatment provided, (rapport with patient, bedside manner, etc.)
6. Represent an acceptable malpractice risk to the Navy.
7. Be eligible for U.S. employment.

8. Submit a fair and reasonable price that has been accepted by the Government.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein. This may include proof of experience with the following speech and language disorders and treatment needs of children:

- Specific language impairments: Receptive, expressive, pragmatics, developmental aphasia
- Speech disorders
- PDD/autism
- Articulation difficulty
- Dysphagia
- Phonological processing
- Dysfluency
- Sign Language
- Augmentative and assistive technology
- Aphasia
- Dyspraxia/apraxia
- Oral motor dysfunction
- Conductive and sensorineural hearing loss
- Functional and neuromuscular problems
- Cleft Palate
- Hearing aids and FM systems

2. The letters of recommendation required above may enhance your ranking if they address such items as patient rapport, clinical skills, decision analysis, experience providing training or areas of expertise, etc. Additional letters of reference from the parent(s) of a former patient attesting to their satisfaction with the treatment provided (rapport with patient, bedside manner, etc.) may enhance your ranking.

3. Prior pediatric experience in the Speech Pathology field working in an early intervention program or with military families (Complete Form DD214).

4. Fluency in other languages typically found in local client population (Such as Spanish etc.).

5. Post Master's Degree academic training in Speech Pathology or Award for Continuing Education from ASLHA.

6. Professional presentations related to clinical speech pathology at state, national or international meetings, or presentations/training for parents groups.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ A completed " \*Personal Qualifications Sheet – Speech Language Pathologist " (Attachment 1).
2. \_\_\_\_\_ A completed Pricing Sheet (Attachment 2).
3. \_\_\_\_\_ Proof of employment eligibility (Attachment 3).
4. \_\_\_\_\_ Three or more letters of recommendation per paragraph D.5., above. (If applicable)
5. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. \_\_\_\_\_ Small Business Representation (Attachment 5)

\*Please answer every question on the "Personal Qualifications Sheet – Speech Language Pathologist". Mark "N/A" if the item is not applicable.

G. Other Information for offerors.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a

letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at (301) 619-3023, Ms. Nancy LaVigne.

We look forward to receiving your application.

## PERSONAL QUALIFICATIONS SHEET – SPEECH LANGUAGE PATHOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of this Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	_____	_____
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	_____	_____

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

## PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)



Personal Qualifications Sheet – Speech PathologistI. General Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

II. Professional Education:MA or MS Degree from: \_\_\_\_\_  
(Name of accredited School and location)

Date of Degree: \_\_\_\_\_ (mm/dd/yy)

CFY completed: \_\_\_\_\_ (mm/dd/yy)

III. Professional Licensure (Speech Pathology License must be current and valid):

\_\_\_\_\_(mm/dd/yy)

State Date of Expiration

ORContinuing Education If state does not issue licensure, twenty-five (25) hours per year of continuing education are required in lieu of a license.

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Professional Employment: List your current and preceding employers. Experience must total at least 12 months within the preceding 36 months and may include CFY. Provide dates as month/year.

Name and Address of Present Employer From To

(1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Names and Addresses of Preceding Employers

	From	To
(2) _____	_____	_____

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Work Performed: \_\_\_\_\_

	From	To
(3) _____	_____	_____

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Work Performed: \_\_\_\_\_

Are you currently employed on a Navy contract? If so where is your current contract and what is the position?  
 \_\_\_\_\_ (Y/N) When does the contract expire? \_\_\_\_\_

V. Certificate of Clinical Competence (From the ASLHA):

Date of issuance: \_\_\_\_\_ (mm/dd/yy)

VI. Specific experience as a speech pathologist: In addition to experience documented in your letters of recommendation and resume, indicate the following speech and language disorders and treatment needs of children with which you are familiar:

Specific language impairments: Receptive, expressive, pragmatics, developmental aphasia

## Speech disorders

## Oral motor dysfunction

## Phonological processing

## Dysfluency

## Cleft Palate

## Aphasia

## Dyspraxia

### Articulation difficulty

PDD/autism

## Dysphagia

Conductive and sensorineural hearingloss

### Functional and neuromuscular problems

## Sign Language

### Augmentative and assistive technology

Hearing aids and FM systems

VI. Continuing Education Post Master's Degree academic training in Speech Pathology or Award for Continuing Education from ASLHA:

Title of Course	Course Dates

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VII. PRIOR PEDIATRIC EXPERIENCE IN THE SPEECH PATHOLOGY: In addition to experience documented in your letters of recommendation and resume, indicate field experience working in an early intervention program or with military families (Complete Form DD214):

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VIII. FOREIGN LANGUAGE FLUENCY Indicate those languages typically found in local client population with which you are familiar: (Such as Spanish, Korean, etc.):

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IX. PROFESSIONAL PRESENTATIONS : List any professional presentations you have provided related to clinical speech pathology at state, national or international meetings, or presentations/training for parents groups.

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X. Professional References:

Provide three letters of recommendation. Two letters must be from practicing speech pathologists or pediatricians attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference and must be written within the preceding 5 years. The third letter must be from the parent(s) of a former pediatric patient attesting to their satisfaction with the treatment provided, (rapport with patient, bedside manner, etc.)

XI. Basic Life Support Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

Training Type listed on Card: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ (mm/dd/yy)

XII. Employment Eligibility (**You must provide copies of supporting documentation, see ATTACHMENT 3**):

Yes No

Do you meet the requirements for U.S. Employment Eligibility contained in ATTACHMENT 3?      —      —

XIII. I hereby certify the above information to be true and accurate:

\_\_\_\_\_  
(Signature)      \_\_\_\_\_ (mm/dd/yy)  
(Date)

## PRICING SHEET

## PERIOD OF PERFORMANCE

Services are required from 2 March 2003 through 30 September 2003. Four option periods will be included which will extend services through 1 March 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

## PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Speech Language Pathologists in the Jacksonville, NC. area. The average hourly price awarded previously for performance in 2003 by a Speech Language Pathologist is \$50.00/hour for this area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Speech Language Pathologist the Naval Hospital Camp Lejeune, NC., in accordance with this Application and the resulting contract.				
0001AA	Base Period; 2 Mar 03 thru 30 Sep 03	1064	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	1834	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	1827	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	1820	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	1820	Hour	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 1 Mar 08	770	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

LISTS OF ACCEPTABLE DOCUMENTS  
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying

### ATTACHMENT 3

4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

possession of the United States bearing an official seal

4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have internet access, please call (301) 619-3023 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command  
ATTN: Code 02  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-2925 or (301) 619-6793

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date CCR Form was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

## Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

## Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : \_\_\_\_\_

Notice of Contracting Opportunity No.: NL-01-03